

EMPLOYER NOTIFICATION CUSTOMER AGREEMENT

Wisconsin Department of Transportation
MV3555 1/2002 s.343.245 (3m), Stats.

We, an employer of commercial motor vehicle operators, are interested in purchasing the Wisconsin Department of Transportation's services for automatic generation of driver record information for our commercial employees as provided under Wisconsin Administrative Code Trans. 118.

We will provide the department with the complete name, as it appears on the driver license, gender, date of birth and driver license number of the employee that we wish to enroll or withdraw from the Employer Notification Program. We will pay a fee of \$2.00 for each employee enrolled in the program. We understand that we are required according to DPPA to notify the Department when an employee has terminated employment and there is no charge to withdraw an employee from the program.

We understand that an abstract will be generated for actions on the employee's driver record. This includes accidents, convictions, or license withdrawal actions.

We agree to pay \$20.00 to enroll in the program for the calendar year (enrollment after June 30th will be \$10.00) and an annual renewal fee of \$20.00 which will be billed to our account. We understand a fee of \$5.00 will be billed to our account for each abstract generated under this program.

We will pay from the first of each quarter and we understand charges are due and payable 30 days from the billing date. Failure to make payment within 30 days of billing will result in termination from the Employer Notification Program. Reinstatement of the cancelled account will require a \$30.00 fee and all payment of fees for previous unpaid billings.

(Company Name)

(Authorized Signature)

(Print or Type Name)

(Title)

(Date)

Full name and address to which abstracts should be mailed:

Billing address if different from mailing address:

Telephone # () _____

Telephone # () _____

Please return to:

Please check below:

Wisconsin Department of Transportation
Division of Motor Vehicles
Records & Licensing Information Section
P.O. Box 7995
Madison, WI 53707-7995

New Account: _____
Annual Renewal: _____
Name Change: _____
Address change: _____

EMPLOYER NOTIFICATION CUSTOMER AGREEMENT

Wisconsin Department of Transportation
MV3555 1/2002 s.343.245 (3m), Stats .

**Please retain this copy
for your records.**

We, an employer of commercial motor vehicle operators, are interested in purchasing the Wisconsin Department of Transportation's services for automatic generation of driver record information for our commercial employees as provided under Wisconsin Administrative Code Trans. 118.

We will provide the department with the complete name, as it appears on the driver license, gender, date of birth and driver license number of the employee that we wish to enroll or withdraw from the Employer Notification Program. We will pay a fee of \$2.00 for each employee enrolled in the program. We understand that that we are required according to DPPA to notify the Department when an employee has terminated employment and there is no charge to withdraw an employee from the program.

We understand that an abstract will be generated for actions on the employee's driver record. This includes accidents, convictions, or license withdrawal actions.

We agree to pay \$20.00 to enroll in the program for the calendar year (enrollment after June 30th will be \$10.00) and an annual renewal fee of \$20.00 which will be billed to our account. We understand a fee of \$5.00 will be billed to our account for each abstract generated under this program.

We will pay from the first of each quarter and we understand charges are due and payable 30 days from the billing date. Failure to make payment within 30 days of billing will result in termination from the Employer Notification Program. Reinstatement of the cancelled account will require a \$30.00 fee and all payment of fees for previous unpaid billings.

(Company Name)

(Authorized Signature)

(Print or Type Name)

(Title)

(Date)

Full name and address to which abstracts should be mailed:

Billing address if different from mailing address:

Telephone # () _____

Telephone # () _____

Please return to:

Please check below:

Wisconsin Department of Transportation
Division of Motor Vehicles
Records & Licensing Information Section
P.O. Box 7995
Madison, WI 53707-7995

New Account: _____
Annual Renewal: _____
Name Change: _____
Address change: _____

MV3556 398 s.343.245(3m) Wis. Stats.

Please enclose \$2.00
Per Employee Enrolled

Employer Name	
Mailing Address	
City, State, Zip Code	Agency Code (If Applicable)
Area Code and Telephone Number	

[illegible]

VEHICLE / DRIVER RECORD INFORMATION REQUEST

Wisconsin Department of Transportation

MV2896 10/2003 Title 18 USC Section 2721-2725 and s.19.36(1) Wis. Stats.

NOTE: This form may be photocopied for future use.

This form is also available in .pdf format on the DOT website at www.dot.wisconsin.gov/drivers/forms/mv2896.pdf

This request must be completed before information about a Wisconsin vehicle/driver record can be obtained.

Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.

Section A - Requester information

Name - Firm, or Corporation	DMV Agency Code/Account # - If Applicable	Area Code-Telephone 7:00 a.m. - 4:30 p.m.	
Name - Person Completing This Form		Area Code-Telephone #	
Street Address	City	State	ZIP Code
Mailing Address (If Different from Above)	City	State	ZIP Code

Section B - Record Information Request - Complete if requesting individual driver/vehicle records only. This is not for DMV account holders.

I (we) request the following record information:

☐ **Driver License Record Information** - Please complete the following information for each individual driver record that you are requesting.

Name of Person about whom record(s) are being requested	Wisconsin Driver License Number	Birth Date
1		
2		

☐ **Motor Vehicle Record Information** - Please explain request in Comments area below.

Note: If you request the history of all owners, an additional charge of \$5 per owner will be assessed.

Vehicle Year	Make	Vehicle Identification Number	Current Plate No. or DisID No.	Information Requested		
				Current Owner	or	History of All Owners
1				<input type="checkbox"/>	or	<input type="checkbox"/>
2				<input type="checkbox"/>	or	<input type="checkbox"/>
3				<input type="checkbox"/>	or	<input type="checkbox"/>

Comments - Please be specific when describing your request, for example, license information, a complete history, current owner only, etc.

Section C - Authorization - Please check the statement below that allows you authorization to obtain personal information. Sign certification.

I (we) are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:

- ☐ 1. Authorized for use, if the requester demonstrates that they have obtained the written consent from the person about whom the information pertains. This is not for DMV account holders.
- ☐ (a) I am requesting a copy of my own record.
 - ☐ (b) I am a parent or legal guardian of a minor child and am requesting a copy of his/her record.
 - ☐ (c) I am requesting the record of another person and have attached their written consent.
- ☐ 2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, The Motor Vehicle Information and Cost Saving Act, The National Traffic and Motor Vehicle Safety Act of 1966, the Anti-Car Theft Act of 1992, and the Clean Air Act.

Please sign on the reverse side.

- ☐ 3. A government agency (federal, state, or local) or employed by such, for the purpose of the government agency to carry out its functions.
- ☐ 4. A federal, state, circuit, local, or tribal court, or employed by such, for the purpose of the court to carry out its functions.
- ☐ 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions.
- ☐ 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
- Verify accuracy of the personal information;
 - Obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt.
- ☐ 7. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local, or tribal court.
- ☐ 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed, or used to contact individuals.
- ☐ 9. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
- Claims investigation;
 - Anti-fraud activities;
 - Rating or underwriting.
- ☐ 10. Authorized for use in providing notice to the owners of towed or impounded vehicles.
- ☐ 11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- ☐ 12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL).
- ☐ 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

X

(Requester Signature)

(Date Signed)

Fees:

\$5.00 per driver record; \$5 per vehicle or DisID record; \$0.25 per photocopy
An additional fee of \$5.00 is required for certification of documents.

Make check or money order payable to: **Registration Fee Trust**

NOTE: Incomplete or incorrect information provided in section "B" may result in an additional \$5 fee per driver record, and \$5 fee per vehicle or DisID record.

Mail to:

(Attach completed request and fee)

(If requesting both vehicle and driver records, mail to either location)

Vehicle Records Section
Wisconsin Department of Transportation
PO Box 7911
Madison WI 53707-7911

OR

Driver Records Section
Wisconsin Department of Transportation
PO Box 7995
Madison WI 53707-7995

Please attach a stamped, self-addressed envelope for return of the requested information.